

## ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS  
STANDARD CERTIFICATE OF BIRTHState File No. **117-217**Registered No. **38**

## 1. PLACE OF BIRTH

County GilaState Arizona

District or Township

or Village

City MiamiNo. Miami Insp HospitalSt. Address 916 1/2 Keegan St.

Ward

2. Full name of child Bobby Lee Foster

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

If child is not yet named, make supplemental report, as directed.

## 3. Sex of Child

To be answered ONLY in event of plural births.

## 4. Twin, triplet or other

## 6. Legitimate?

## 7. Date

male

## 5. No., in order of birth

yes

of birth

Jan. 17 - 1930.

Month Day Year

## 8.

## FATHER

Full name David Leroy Foster

## 9. Residence

(Usual place of abode)

If non-resident, give place and state.

Miami, Arizona.

## 10. Color or race

Cauc.11. Age at last birthday 3 1/2 (Years)

## 12. Birthplace (city or place)

(State or country)

Braddysville Iowa.

## 13. Occupation

Nature of Industry

Carpenter  
mining

## 14.

## MOTHER

Full maiden name Era Joy Barron

## 15. Residence

(Usual place of abode)

If non-resident, give place and state.

Miami, Arizona.

## 16. Color or race

Cauc.17. Age at last birthday 21 (Years)

## 18. Birthplace (city or place)

(State or country)

Belton, Texas

## 19. Occupation

Nature of Industry

Housewife

## 20. Number of children of this mother

(Taken as of time of birth of child herein certified and including this child.)

1st(a) Born alive and now living 1(b) Born alive but now dead 0(c) Stillborn 021. Were precautions taken against ophthalmia neonatorum? yes

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 8:25 A. M. on the date above stated.

(Born alive or stillborn)

Signature Cyril M. Brown M.D.Physician

(Physician or midwife.)

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given name added from a supplemental report.

Month, day, year

Address Miami, ArizonaFiled Feb 1 30

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Registrar. B. E. Drinn

Registrar.

269-117-525